



PATIENT

Loki Blouin

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Miller

INVOICE

47183

DATE

3/10/26

PRESENTING CLINICAL SIGNS

History: Recently adopted; housemate recently had URI. Presented to Urgent Care on 2/26 for difficulty breathing. On Lasix 6.25mg BID. Sedated with Torb.

-Abnormal PE/Chem/CBC/UA Results: PE: T 104.2 on presentation, hypersalivation. Grade 2 systolic heart murmur, pulses strong and synchronous. Increased bronchovesicular sounds with significant respiratory effort and intermittent open-mouth breathing. CXR: Normal cardiac silhouette with notable perihilar edema. Mild interstitial pattern throughout the lung fields. Treated with injections of Lasix, Convenia, Cerenia and Onsior. Sent home with Lasix PO. Discussed likely dealing with a viral infection in addition to his cardiac disease given his high fever. Recommended beginning supportive care and recheck in 1-2 weeks.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 190bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular walls are slightly irregular with a borderline focal septal hypertrophy. There is a mildly hyperechoic endocardium consistent with fibrosis and remodeling. Mild papillary muscle remodeling. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the RVOT is laminar and normal in velocity. Mild intermittent LVOT obstruction is identified. Mild eccentric mitral regurgitation. Normal velocity. No additional valve leaks are identified. No evidence of cardiac tumors or effusions in this scan.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.9	180	0.58	1.4	0.52	62	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.4	1.4	1.3		2.5	1.2	NM



PATIENT

Loki Blouin

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Miller

INVOICE

47183

DATE

3/10/26

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*

Adapted from June Boon, Veterinary Echocardiography, 1998

Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormalities identified are a borderline septal bulge with an LVOT obstruction and secondary MR. The remainder of the LV appears normal with no additional hypertrophy seen. These findings may reflect early HOCM; however, a normal variant is also possible. Regardless, the obstruction is mild, and the LA is normal suggesting low risk for complication. Medications are not warranted at this time and certainly Felycin is unnecessary. Serial monitoring is recommended to screen for progression. A screening blood pressure and T4 are recommended every 6-12 months as contributing factors. The ECG is unremarkable with a normal sinus rhythm.

Given these findings, CHF is ruled out in this case and Lasix can be safely discontinued. If respiratory signs persist or recur, a Radiologist review of the films and further evaluation is recommended.

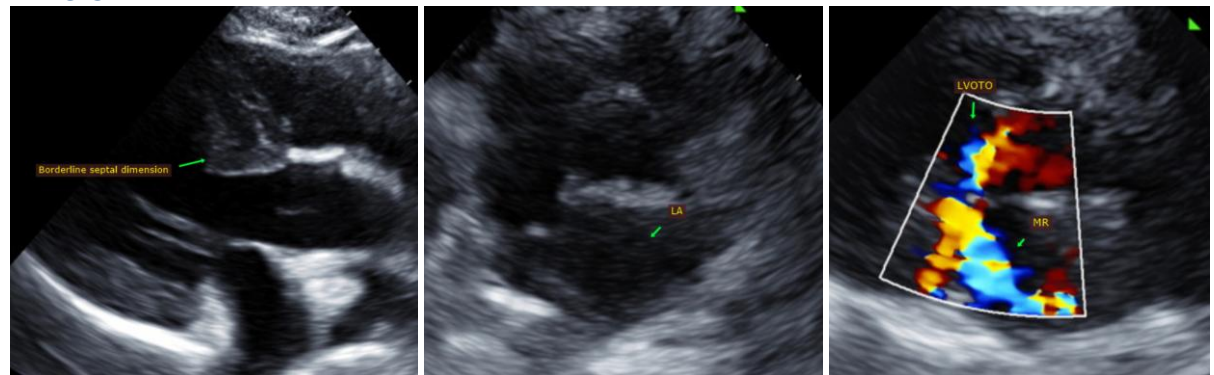
Anesthetic risk is low if needed. Avoid heart rate stimulating drugs such as glycopyrrolate or atropine. No other specific restrictions are necessary.

PLAN

Screening BP/T4 every 6 months recommended. Discontinue Lasix. If respiratory signs recur, further workup is advised.

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if any associated clinical signs arise.

IMAGES





PATIENT

Loki Blouin

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Miller

INVOICE

47183

DATE

3/10/26

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com